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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/735,122	
	Filing Date	December 12, 2003	
	First Named Inventor	Grant Kloster et al.	
	Art Unit	1792	
	Examiner Name	Elena Tsoy Lightfoot	
Total Number of Pages in This Submission	10	Attorney Docket Number	P16019

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard <input type="checkbox"/> Request for Continued Examination <input type="checkbox"/> Amendment	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div> <div style="margin-bottom: 10px;">Applicant hereby authorizes the Commissioner to charge any deficiency of fees and credit any overpayments to Deposit Account No. 50-0221.</div> <div>Authorization to charge the Deposit Account 50-0221 in the amount of \$810.00 for the RCE Fee.</div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Customer No. 59796		
Signature	/Kathy J. Ortiz/		
Printed name	Kathy J. Ortiz		
Date	May 11, 2009	Reg. No.	54,351

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